

Behavioral Characteristics of Dangerous Drivers

Importance of Correction

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ANY ACTIVITY that directly concerns life and safety is important to the physician; he may not hope to become expert on it, but a general knowledge may enable him at times to save life or prevent disability just as surely as by treatment with drugs or surgical operation. Automobile driving is becoming recognized as such an activity, with the driver's personality—particularly his personality defects—emerging as a crucial factor in the safety of the millions on our highways.

This recognition is far from understanding. Even the mechanical factors of automobile safety are still under experiment, and these combine with the variables of human judgment in moment-to-moment decisions on the highway. Nevertheless, just as the psychiatrist can only judge and direct a patient's general attitudes in adjusting to life, we should be able to discover what general attitudes are helpful or harmful in adjusting the driver to proper use of his machine in traffic.

REVIEW OF LITERATURE

Motor vehicle departments, highway patrols, universities and medical facilities all over the country are conducting complicated projects in an effort to understand the psychic variables of drivers.

In a project at the University of Colorado School of Medicine, these characteristics were noted in drivers who had had accidents:

1. Less capacity for managing or controlling hostility.
2. Excessive self-centeredness and indifference to the rights of others.
3. Excessive preoccupation with fantasy satisfactions.
4. Fearfulness of loss of life and support and resentment toward persons responsible for depriving them.
5. Less ability to tolerate tension and a need for immediate discharge of their feelings."²

Tillman and Hobbs, in a six-year project in London, Ontario, found in drivers with records of fre-

• Studies of accident-prone drivers emphasize the frequency of unstable, aggressive or antisocial personalities expressing themselves through the automobile as a real and a symbolic weapon. Such expressions may be voluntary or unconscious and may also lead a driver to injure himself or seek injury from others.

Because of the great public danger from such drivers, it is urgent that judges and enforcers of the law recognize the psychic motivation in habitual violation and withhold driving privileges from violators until a psychic adjustment has been made. Physicians can contribute in gaining acceptance for this attitude of enforcement, and in setting up adequate psychiatric procedures for correction of violators.

quent accidents, "intolerance, aggression against authority from early childhood, unstable home background, antisocial behavior, aggressiveness, impulsiveness, intolerance of social or family limitations on their behavior, immaturity, false bravery, no concern for others, domination by fatalistic ideas, hatred for authority, lacked an adequate philosophical outlook on life and failed in developing a method of living, essential for good behavior patterns." They concluded that the accident-prone subjects were "dominated by fatalistic ideas," largely concerned with the "material aspects of life, resentful of authority" and inclined to be their "own boss" and that these attitudes resulted in a predictable increase in accidents recorded over a six-year period.⁷

From the Harvard School of Public Health, Ross A. McFarland has presented a concept of multiple causation in accidents. His comprehensive triad, the "host" driver, the "agent" vehicle and the "environment," takes account of all the interacting factors in evaluating an accident. With regard to behavioral characteristics of the driver, he stated: "The basic human variables relate to attitudes that underlie the specific behaviors exhibited during driving—attitudes toward traffic, toward the presence of other drivers, toward vehicle laws and regulations, toward enforcement activities and toward society. Factors of attitude, personality and adjustment are of greater importance in safe driving than sensory defects, reaction times and psychomotor skills. . . . Various tests developed to predict accidents indicate

²Presented at the Tenth Annual Governor's Traffic Safety Conference, Sacramento, October 7 to 10, 1959.

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that, so far, such procedures have only limited value."⁴

Schulzinger stated: "The main psychological elements that increase the probability of accidents in maladjusted persons are anxiety, fear, worry, guilt, hostility, emotional and psychosexual conflicts, early exposure to aggression, overauthoritative parents or parent figures, broken homes, frustration, inadequacies of youth, rejection and fatigue."⁶

The administration of a battery of tests to drivers who have had accidents has failed to shed any real and useful light on the driver-accident problem. The complex of alleged characteristics of accident-prone drivers in no way differs from the factors allegedly found in juvenile delinquency, senile dementia or many another psychiatric problem. Continuing the listing of descriptive behavior patterns will not necessarily contribute to our understanding of why drivers have accidents. However, it is important that these behavior patterns be understood and evaluated in terms of impairment of driving ability and accident-proneness.

The necessity for exercising clinical and practical judgment is important because pseudoscientific research projects conducted by unqualified persons have led to a great deal of confusion regarding the importance of various behavior traits. The emotional factors in a given driver cannot be placed in an experimental apparatus and recorded, so that the results can be publicized as factors in the causation of accidents. We must beware of the statistical trap and move into the area of understanding. The problem is far too complex for a simple definite solution. Woodward states, "The doctors need not wait until all the facts are at hand, we can begin the control of accidents in a clinical and practical way. We feel that we now have enough facts, which, if employed, would reduce the deaths and injuries 50 per cent or more."⁸

Fatalism in this field is unjustified; people can be changed, and therefore there is hope that the behavior of the driver can be changed.

ESSENTIAL EVALUATING FACTORS

It is necessary to have standards of judgment when an attempt is made to evaluate behavior characteristics. The essential evaluating factors include a person's philosophy of life. What a man thinks, says and does is an expression of his psychic makeup and reactions. A way of thinking that results in a feeling of belonging, of cooperation with mankind, conforming to accepted social behavior and consideration for the welfare of others, is essential to good driving. Clinical studies, psychiatric judgment and research data are in agreement that drivers with a high accident rate often come from broken homes,

have been subjected to excessive aggression and authority, demonstrate antisocial behavior, reveal considerable emotional instability and have fewer and more superficial social contacts. In contrast, the driver with few accidents identifies himself with the family, belongs to social groups, relates favorably to his work and derives satisfactions from the way he lives. Another finding, if it can be accurately stated, is that safe driving depends on the satisfactions the driver is *capable* of deriving from living. If a person has a mature outlook on life, if he is favorably disposed toward society, if his social relationships are meaningful, his attitude and behavior will permit him to drive safely. Satisfactions in life and safe driving go hand in hand.

BEHAVIOR CHARACTERISTICS IN DRIVERS

The attitudes of the driver are based on negative or positive motivations. The driver with negative motivations feels that any kind of driving short of an accident "is satisfactory" or rates himself a good driver if he has a "no-accident" record. This negative attitude of avoiding an accident is hostile in nature, reveals self-centeredness and implies that the driver is so absorbed with his emotional problems that he is indifferent and inattentive to traffic conditions. These negatively motivated attitudes cause many drivers to become antagonistic and impulsive and lose a proper sense of caution. Drivers with positive motivations feel that safe driving is "the proper thing" to do, that it is morally wrong to violate traffic regulations even when there is no possibility of an accident. The positive motivations for safe driving are evidenced in the driver who feels he is "average" rather than in the one who considers himself the "best" or "below average" in driving behavior.⁵

The attitude of the driver is important and in the words of Woodward,⁸ "Our duty as a citizen and physician is not fully discharged until preventive measures have become a fact and a program emphasizing the positive side of safe driving has become a reality."

Automobile drivers may have two types of emotionally motivated accidents; either they hit someone or someone hits them. Accidents are either deliberate or unintentional, consciously or unconsciously accomplished.

We are not yet in a position—nor anywhere near it—to demand psychometric evaluation of every driver. But as physicians we do come in contact with the psychically disturbed, potentially dangerous drivers, and as citizens we can press for psychiatrically enlightened handling of drivers whose accidents have already demonstrated that they are dangerous.

In any automobile accident there is a possibility

of unconscious motivation: the desire to hit someone or to be hit. It is impossible to offer any general explanation for such desires, for the causes may be different in each case. As in any other medical problem, however, the diagnosis cannot be made unless the possibility is recognized. Every automobile accident must be considered in this light; moreover, accident-prone drivers must be recognized as belonging to the same categories as those who in other ways show egocentricity, aggressiveness, antisocial attitudes, irresponsibility, rebellion and, often, low mentality. They should be considered sick.

A car in the hands of such a driver is as much a weapon as a gun or a club. It can be used, consciously or unconsciously, to kill, maim, mutilate, destroy, eliminate or declare war on an enemy, real or imaginary. It can be used also for suicide, which may be unconsciously designed and may be executed without conscious guilt—a socially acceptable method.

When the motivation of the driver is hostile, aggressive, resentful and retaliatory, he may well project feelings of anger onto other drivers, unconsciously precipitating an accident in order to create remorse in the subjects of his hate or the objects of his frustrated love. Therefore, an angry driver should not be permitted to drive again unless he improves his driving behavior. If he fails to do so, we should stop pampering him with the excuses of psychiatric handicaps and suspend his license.

On the other hand, many hostile, aggressive, resentful and retaliatory drivers do not have accidents because they are able to control, direct and discharge these feelings in some other manner. The utilization of judgment, cognition, reality orientation, ego control and toleration saves many an angry driver from having an accident.

PRACTICAL APPLICATIONS

Police officers, lawyers and judges must become aware of how their actions affect driving safety. Accidents may be triggered by resentment or frustration from inequitable or unreasonable restrictions; on the other hand, the potentially dangerous driver may be encouraged by indulgence either to himself or to others. The law should not have a sense of humor or tolerate egotistical disdain of others; it must recognize that murderers and traffic violators are equally dangerous. Enforcers, like violators, may be influenced by egocentric concepts of their own wisdom and knowledge, and so may become accessories to accidents, both before and after the fact.

An immediate need is a change in philosophy and attitude of legislators, motor vehicle administrators, law enforcement personnel and judges regarding the reality of the psychiatric aspects of accidents. Municipal Judge Sherman C. Finesilver of Denver advocated "a new philosophy in our courts." He expressed the belief the court experience should be remedial and assume the responsibility for improving driver behavior. "The courts should be a force for safety."³

Many courts have traffic violators' schools, and Detroit has a psychiatric clinic where driver behavior is evaluated. Of 812 offenders studied there, 244 were judged feeble-minded, borderline or of inferior intelligence, 101 had emotionally unstable personalities, 18 had compulsive disorders, and 7 were in senile deterioration.¹ After a psychiatric evaluation has been made by the clinic, a course of action follows: "sick drivers" are given medical, psychiatric or driver-training treatment. Failure to respond results in permanent suspension of the license to drive. Some licenses are granted only with limitations similar to those imposed on the physically handicapped.

Such enforcement is needed not only as a deterrent to violation but as a positive sanction for obedience. Many citizens do not take a law seriously unless enforcement sets the trend. If every driver is aware that deviate behavior will have serious consequences for him, if every would-be reckless driver realizes that he cannot win, then the behavior on the highways may be drastically improved.

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